



City of Deltona Fire Department
2345 Providence Blvd. Deltona, FL 32725
Inspections Phone: (386)878-8655
Fax: (386)878-8651

Permit Number

Parcel/Tax ID No.

FIRE PROTECTION SYSTEMS PERMIT APPLICATION

Type or print in black or blue ink only

SELECT ONE:

<input type="checkbox"/> Fire Sprinkler	<input type="checkbox"/> Fixed Suppression	<input type="checkbox"/> Open Burn
<input type="checkbox"/> FS Underground	<input type="checkbox"/> Fireworks Display	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Fire Alarm	<input type="checkbox"/> Special Event	

PROJECT LOCATION (Building address and Suite #):

PROJECT DESCRIPTION (Include type of system):

PROPERTY OWNER:

Name/Business Name: _____
Mailing Address: _____
Phone: _____ Email: _____

CONTRACTOR:

Company Name/License #: _____
Mailing Address: _____
Phone: _____ Email: _____

ENGINEER OF RECORD:

Company Name/Engineer Name: _____
Mailing Address: _____
Phone: _____ Email: _____

PROJECT:

<input type="checkbox"/> New	<input type="checkbox"/> Addition	<input type="checkbox"/> Other
<input type="checkbox"/> Alteration	<input type="checkbox"/> Repair	<input type="checkbox"/> Build Out

TOTAL AREA:

Existing Sq. Ft.: _____	Additional Sq. Ft.: _____	TOTAL Sq. Ft.: _____
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TYPE:

Construction Type: _____

☐ Residential
☐ Commercial
☐ Other: _____

NO. OF STORIES:

☐ One Story
☐ Two Story
☐ Other: _____

USE/OCCUPANCY CLASS:

Occupancy Class: _____

Total Number of Occupants: _____

Number of Systems: _____

ESTIMATED VALUATION:



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Signature of Applicant
(Must be notarized)

Date

STATE OF FLORIDA, COUNTY OF _____

The foregoing instrument was acknowledged before me by means of

☐ physical presence or ☐ online notarization this _____ day of _____, 20____

by _____

☐ personally known to me or ☐ who has produced _____ (type of identification).

Signature of Notary Public State of Florida
(SEAL):

Print, Type or Stamp Name of Notary

The applicant agrees to comply with the Municipal Ordinances and with the conditions of this permit; understands that the issuance of the permit creates no legal liability; express or implied, of the Department, Municipality, Agency or Inspector; and certifies that all of the above information is accurate. Call 386-878-8655 to request an inspection; have permit/ number and confirmation # available. The inspection will be done the following business day, unless, otherwise previously scheduled.

APPROVAL CONDITIONS: This permit is issued pursuant to the attached conditions. Failure to comply may result in suspension or revocation of this permit or other penalty. It is an administrative directive of the City, in keeping with standard industry practice and to limit the liability of the City, that no building permit be issued to the applicant until all related local, state and federal permits have been approved and provided to the appropriate City department.

PERMIT EXPIRATION – Permit expires 180 days from date issued unless otherwise noted below or governed by law.

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOU PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

Florida Statue 713 .135

PERMIT ISSUED BY MUNICIPAL AGENT: _____ DATE: _____